NAME OF LEASE				DATE	
WELL NUMBER	LOCATION FEET FROM (CATIONFEET FROM (N)(S) SECTION LINE ANDFE			SECTION LINE OF
SECTION	TOWNSHIP	RANGE	COUNTY		
THE ELEVATION OF THE GROUND AT WELL SITE IS FEET ABOVE SEA LEVEL.		PERMIT NUMBER (OGC-3 OR OGC-3I NUMBER)			
NAME OF CONTRACTOR OR COMI		I			
ADDRESS		CITY		STATE	ZIP CODE
CERTIFICATE: I, the unders	igned, state that I am the	and that this report w	of th	le	direction and that the
(company), and that I am authorized to make this report; and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct, and complete to the best of my knowledge.					
SIGNATURE				DATE	